

SERFF Tracking Number:	PRUD-125922806	State:	Arkansas
Filing Company:	The Prudential Insurance Company of America	State Tracking Number:	40962
Company Tracking Number:	IIGHILTC1RERATE-RP-AR		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/01987		

## Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: Individual Long Term Care Insurance  
 SERFF Tr Num: PRUD-125922806 State: ArkansasLH

TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 40962
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: IIGHILTC1RERATE-RP-AR	State Status: Approved-Closed

Filing Type: Rate	Co Status: IIGH	Reviewer(s): Marie Bennett, Harris Shearer
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Author: Raenonna Ransom	Disposition Date: 02/04/2009
Date Submitted: 11/26/2008	Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ILTC-1 Re-Rate  
 Project Number: 01987  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 02/04/2009  
 State Status Changed: 02/04/2009  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 ILTC-1 - Re-Rate Filing

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: Filed Concurrently  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: PRUD-125922806 State: Arkansas  
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual Long Term Care Insurance  
Project Name/Number: ILTC-1 Re-Rate/01987

Karen Smyth, Assistant Secretary karen.smyth@prudential.com  
2101 Welsh Road (215) 658-6279 [Phone]  
Dresher, PA 19025 (888) 294-6332[FAX]

**Filing Company Information**

The Prudential Insurance Company of America	CoCode: 68241	State of Domicile: New Jersey
751 Broad Street	Group Code: 304	Company Type: Life
Newark, NJ 07102-3777	Group Name:	State ID Number:
(973) 802-6000 ext. [Phone]	FEIN Number: 22-1211670	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$90.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$90.00	11/26/2008	24199309

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	02/04/2009	02/04/2009

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*TOI:*                      *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*                      *Individual Long Term Care Insurance*  
*Project Name/Number:*              *ILTC-1 Re-Rate/01987*

## **Disposition**

Disposition Date: 02/04/2009

Implementation Date:

Status: Approved

Comment: THE REQUESTED RATE INCREASE IS APPROVED SUBJECT TO NO MORE THAN ONE INCREASE IN A 12 MONTH PERIOD. PROPER NOTIFICATION MUST BE GIVEN TO CONSUMERS PRIOR TO THE INCREASE.

Rate data does NOT apply to filing.

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Filing Company: The Prudential Insurance Company of America State Tracking Number: 40962

Company Tracking Number: IIGHILTC1RERATE-RP-AR

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Individual Long Term Care Insurance

Project Name/Number: ILTC-1 Re-Rate/01987

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Form	GPersonal Worksheet		Yes
Form	Personal Worksheet		Yes
Rate	Actuarial Memorandum and Supporting Rates		No

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## Form Schedule

Lead Form Number: N/A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GRP 114433	Other	GPersonal Worksheet	Initial			GRP 114433 - ILTC-3 Revised Personal Worksheet - File Copy.pdf
	GRP 114377	Other	Personal Worksheet	Initial			GRP 114377 - ILTC-4 Revised Personal Worksheet - File Copy.pdf



The Prudential Insurance Company of America  
Long Term Care Customer Service  
Center  
P.O. Box 8519  
Philadelphia, Pennsylvania 19176-  
8519  
Tel 800 732-0416

## Long Term Care Insurance Personal Worksheet

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, The Prudential Insurance Company of America (Prudential) must fill out part of the information on this worksheet and **ask** you to fill out the rest to help you and Prudential decide if you should buy this Policy.

### Premium Information

**Policy Form Number**      GRP 113096

The premium for the coverage you are considering will be \$\_\_\_\_\_ per

☐ Month/EFT                      ☐ Quarterly                      ☐ Semi-Annual                      ☐ Annual

**Type of Policy**              Guaranteed Renewable

### Prudential's Right to Increase Premiums

Prudential has a right to increase premiums on this Policy form in the future, provided it raises rates for all policies in the same class in this state. Your premium rate may increase if you make policy changes after the Effective Date. Your premium rate may increase if you accept a benefit increase under the Guaranteed Increase Feature.

### Rate Increase History

Prudential has sold long-term care insurance since 1986 and has sold this policy form since 2005. Prudential has raised its premium rates on a similar long-term care insurance policy in the last 10 years. The following is a summary of the rate increase.

Policy Form	Years Available for Purchase	Rate History
GRP 98176	1998 – 2004	18-28% rate increase in 2009
GRP 98177	1998 – 2004	18-28% rate increase in 2009
GRP 98178	1998 – 2004	18-28% rate increase in 2009



## Questions Related to Your Income

How will you pay each year's premium?

- ☐ From My Income      ☐ From My Savings/Investments ☐ My Family Will Pay

Have you considered whether you could afford to keep this Policy if the premiums went up, for example, by 20%?

- ☐ YES      ☐ NO

What is your annual income? (Check one)

- ☐ Under \$10,000      ☐ \$10,000-\$19,999      ☐ \$20,000-\$29,999  
☐ \$30,000-\$49,999      ☐ Over \$50,000

How do you expect your income to change over the next 10 years? (Check one)

- ☐ No change      ☐ Increase      ☐ Decrease

*If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this Policy if the premiums will be more than 7% of your income.*

**Will you buy additional optional inflation protection?** (check one) ☐ Yes      ☐ No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

- ☐ From My Income      ☐ From My Savings/Investments ☐ My Family Will Pay

*The national average annual cost of care in 2006 was \$74,806 for a private room in a Nursing Home, but this figure varies across the country. In ten years, the national average annual cost would be about \$121,934 if costs increase 5% annually.*

**What elimination period are you considering?**

Number of days 90 Approximate cost \$\_\_\_\_\_ for that period of care.

**How are you planning to pay for your care during the elimination period?** (check one)

- ☐ From My Income      ☐ From My Savings/Investments ☐ My Family Will Pay

## Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (Check one)

- ☐ Under \$20,000      ☐ \$20,000-\$29,999      ☐ \$30,000-\$49,999      ☐ Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

- ☐ Stay about the same      ☐ Increase      ☐ Decrease

*If you are buying this Policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.*

## Disclosure Statement

Please check one

- ☐ The answers to the questions above describe my financial situation.
- OR
- ☐ I choose not to complete this information
- ☐ I acknowledge that the producer (below) has reviewed this form with me, including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this Policy may increase in the future.** (This box must be checked).

Signed: \_\_\_\_\_  
(Applicant) (Date)

- ☐ I explained to the applicant the importance of completing this information.

Signed: \_\_\_\_\_  
(Producer) (Date)

Producer's Printed Name: \_\_\_\_\_

- ☐ My producer has advised me that the Policy does not seem to be suitable for me. However, I still want Prudential to consider my Application.

Signed: \_\_\_\_\_  
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**Based on your answers, Prudential may contact you to verify your desire to purchase this coverage.**



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### Premium Information

**Policy Form Number**      GRP 114018

The premium for the coverage you are considering will be \$\_\_\_\_\_ per

☐ Month/EFT                      ☐ Quarterly                      ☐ Semi-Annual                      ☐ Annual

**Type of Policy**              Guaranteed Renewable

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GRP 98177	1998 – 2004	18-28% rate increase in 2009
GRP 98178	1998 – 2004	18-28% rate increase in 2009

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- ☐ YES      ☐ NO

What is your annual income? (Check one)

- ☐ Under \$10,000      ☐ \$10,000-\$19,999      ☐ \$20,000-\$29,999  
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## **Rate Information**

Rate data does NOT apply to filing.